FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction			Office us	se only
1. NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Example: If typying, ty over the lines	/pe 12F	E4M5	
California Rep	publican Party/V8	1 1 1 1 1 1				
					1111	
ADDRESS (number and	street) 1903	W Magnolia Blv	d			
(Check if address is changed)						4500
lo onangoay	Burb	ank 			) Ling	1506   -
COMMITTEE'S E-MAI	II ADDRESS		CITY▲	STATE	•	ZIP CODE 📥
administrator						
1						
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)				
www.cagop.o						1
2. DATE 1.1	1	Y 0 Y 7 Y				
3. FEC IDENTIFICA	ATION NUMBER		C C00140590			
4. IS THIS STATEM	MENT NEW	(N) OR	X AMENDED	(A)		
I certify that I have exami	ined this Statement and	to the best of my know	vledge and belief it is true, c	orrect and compl	ete	
Type or Print Name of	Treasurer	Ceith Carlson				
Signature of Treasurer	Electronically File	d by <b>Keith Carls</b>	son	Date	M M / D	20 / Y Y Y Y Y Y
NOTE: Submission of fal			subject the person signing			J.S.C. S437g.
Office Use Only			For further infor Federal Election ( Toll Free 800-424	Commission 1-9530		EC FORM 1 evised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, Republican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6.	Name of Any Connected Organization or Affiliated Committee	
	Mailing Address	
	CITY A STATE A	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization Trade Association Cooperative	

FEC Form 1 (Revise	ed 02/2003)			Pa	age <b>3</b>		
Write or Type Committee Nar	me						
California Republica	an Party/V8						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Gul	lan Chen						
Mailing Address	1903 W Magnolia	1903 W Magnolia					
	Burbank	CA	<u> </u>	91506			
Title or Position ♥	CITY A	STAT	Έ <b>Δ</b>	ZIP COI	DE 🛦		
Contro	oller	Telephone number	818	<b>841</b> 	5210		
Full Name of Treasurer  Mailing Address	ith Carlson 1903 Magnolia Blv	d					
	Burbank		<u> </u>	91506			
Title or Position ♥	CITY A	STAT	E▲	ZIP CO	DE A		
Treasu	ırer	Telephone number	818	841	5210		
Full Name of Designated Agent Fre	ed Arjani, CPA						
Mailing Address	50 East Foothill						
	3rd floor						
	Arcadia	CA	<u> </u>	91006 _			
Title or Position ♥	CITY A	STAT	EA	ZIP COL	DE A		
СРА			626	389	1232		

	FEC Form 1	1 (Revised 02/2003) Pag	ge <b>4</b>				
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.						
	Name of Bank, De	epository, etc.					
		Us Bank					
	Mailing Address	15910 Ventura Blvd					
		Encino CA 91436 _					

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷